

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE
COSMETOLOGIST/BARBER

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES FOR OPTIONS A – E BELOW:

A. If you graduated from a Utah licensed cosmetology/barber school, complete the following in addition to submitting a complete application for licensure:

1. Submit a “Verification of Graduation” form (*attached to this application*).
Request that a school official complete the form and return it to you for submission with your application.
2. Submit an original letter from DOPL’s approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah Cosmetology/Barber Practical Examination. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations take after that date the provider is PSI Examination Services.
3. Submit an original letter from DOPL’s approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah

Cosmetology/Barber Theory Examination. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations take after that date the provider is PSI Examination Services.

4. Submit a **\$60.00** non-refundable application-processing fee, made payable to “DOPL.”

B. If you graduated with a minimum of 2,000 hours from a recognized cosmetology/barber school in a state other than Utah, complete the following in addition to submitting a complete application for licensure:

1. Use the “Request for Verification of License” form (*attached to this application*) to obtain verification of licensure from a state in which you are currently licensed as a cosmetologist/barber. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

NOTE: This verification of licensure must document the completion of your 2,000 hours. If it does not, you must submit additional documentation of such.

2. Submit official documentation, verifying your passing score on a national cosmetology/ barber practical examination or another state’s cosmetology/barber practical examination.

OR

Submit an original letter from DOPL’s approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah Cosmetology/Barber Practical Examination. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations take after that date the provider is PSI Examination Services.

3. Submit official documentation, verifying your passing score on a national cosmetology/ barber theory examination or another state’s cosmetology/barber theory examination.

OR

Submit an original letter from DOPL’s approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah Cosmetology/Barber Theory Examination. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations take after that date the provider is PSI Examination Services.

4. Submit a **\$60.00** non-refundable application-processing fee, made payable to “DOPL.”

C. If you graduated with less than 2,000 hours from a recognized cosmetology/ barber school in a state other than Utah and have at least 4,000 hours of full-time paid employment as a cosmetologist/ barber, complete the following in addition to submitting a complete application for licensure:

1. Use the “Request for Verification of License” form (*attached to this application*) to obtain verification of licensure from a state in which you are currently licensed as a cosmetologist/barber.

Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

2. Submit “Verification of Work Experience” forms (*attached to this application*) documenting a total of at least 4,000 hours of full-time paid employment as a cosmetologist/ barber.

Request that your employer(s) complete the “Verification of Work Experience” form(s) and return them to you for submission with your application.

3. Submit official documentation, verifying your passing score on a national cosmetology/ barber practical examination or another state’s cosmetology/barber practical examination.

OR

Submit an original letter from DOPL’s approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah Cosmetology/Barber Practical Examination. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations take after that date the provider is PSI Examination Services.

4. Submit official documentation, verifying your passing on a national cosmetology/ barber theory examination or another state’s cosmetology/barber theory examination.

OR

Submit an original letter from DOPL’s approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah Cosmetology/Barber Theory Examination. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations take after that date the provider is PSI Examination Services.

5. Submit a **\$60.00** non-refundable application-processing fee, made payable to “DOPL.”

D. If you completed an approved cosmetology/barber apprenticeship program, complete the following in addition to submitting a complete application for licensure:

1. Submit a “Completion of Apprentice Program” form (*attached to this application*).
Request that your licensed instructor complete the “Completion of Apprentice Program” form and return it to you for submission with your application.
2. Submit an original letter from DOPL’s approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah Cosmetology/Barber Practical Examination. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations take after that date the provider is PSI Examination Services.
3. Submit an original letter from DOPL’s approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah Cosmetology/Barber Theory Examination. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations take after that date the provider

is PSI Examination Services.

4. Submit a **\$60.00** non-refundable application-processing fee, made payable to “DOPL.”
5. Submit a copy of your supervisor’s instructor license.

E. If you are a graduate of a foreign cosmetology/barber school, complete the following in addition to submitting a complete application for licensure:

1. Submit a credentials evaluation from one of the approved credentialing services listed in the “**Additional Important Information**” section of this application.

NOTE: All foreign applicants must have this evaluation completed prior to making application for licensure in Utah.

2. Submit official documentation, verifying your passing score within the period of one year prior to the date of application on a national cosmetology/ barber practical examination or another state’s cosmetology/barber practical examination.

OR

Submit an original letter from DOPL’s approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah Cosmetology/Barber Practical Examination. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations take after that date the provider is PSI Examination Services.

3. Submit official documentation, verifying your passing score within the period of one year prior to the date of application on a national cosmetology/ barber theory examination or another state’s cosmetology/barber theory examination.

OR

Submit an original letter from DOPL’s approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah Cosmetology/Barber Theory Examination. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations take after that date the provider is PSI Examination Services.

4. Submit a **\$60.00** non-refundable application-processing fee, made payable to “DOPL.”

ADDITIONAL IMPORTANT INFORMATION:

1. **Utah Examinations:** Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the Utah Cosmetology/Barber Practical Examination and the Utah Cosmetology/Barber Theory Examination.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ❑ Division of Occupational & Professional Licensing Act
- ❑ General Rules of the Division of Occupational & Professional Licensing
- ❑ Cosmetologist/Barber, Esthetician, Electrologist and Nail Technician Licensing Act
- ❑ Cosmetologist/Barber, Esthetician, Electrologist and Nail Technician Licensing Act Rules

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
3. **License Renewal:** All cosmetologist/barber licenses expire on September 30 of every odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

4. **NIC Theory Examination:** The National-Interstate Council (NIC) of State Boards of Cosmetology administers a National Theory Examination for cosmetologists. Call 954-389-5302 or go to www.nictesting.org for information on this examination.
5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
6. **Foreign Educated Cosmetology/Barbers:** Applicants for licensure as a cosmetologist/barber who have graduated from a foreign school must have an approved credential evaluation service evaluate their education documents prior to making application for licensure in Utah.

Approved credentialing evaluation services for licensure are:

Josef Silny & Associates Inc, International Education Consultants, PO Box 248233, Coral Gables, Florida, 33124, (305) 273-1616, E-mail: info@jsilny.com, Internet: www.jsilny.com

OR

Educational Credential Evaluators Inc., PO Box 514070, Milwaukee, Wisconsin, 53203-3470, (414) 289-3400, E-mail: eval@ece.org, Internet: www.ece.org.

7. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
8. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
9. **Temporary Licenses:** Temporary licenses are not issued.
10. **Verification of License:** If a verifying state insists on submitting the verification directly to DOPL, indicate that fact on the “Licenses” section of the application.
11. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at www.dopl.utah.gov.
12. **Mail Complete Application To:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

13. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – toll-free in Utah
14. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For: COSMETOLOGIST / BARBER

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender: ☐ Male ☐ Female

Date of Birth: ____/____/____

MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ____/____/____

Approved By: _____

Date License/Certificate Denied: ____/____/____

Denied By: _____

Reason for Denial/Other Comments: _____

AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a cosmetologist/barber in the state of Utah and I agree to comply with such.

Signature of Applicant: _____ Date: ____/____/____

EDUCATION REQUIREMENT: *(Use additional sheets if necessary.)*

School Name: _____ Dates Attended: ____/____/____ to ____/____/____

Location: _____

Hours Completed: _____ Date of Graduation: ____/____/____

Telephone: _____

EXAMINATION REQUIREMENT: *(within one year prior to the date of application, if applicable)*

Theory

☐ Cosmetologist/Barber Theory Exam – Utah Date passed ____/____/____

☐ Cosmetologist/Barber Theory Exam – NIC Date passed ____/____/____

☐ Other State Exam, Name: _____ Date passed ____/____/____

Practical

☐ Cosmetologist/Barber Theory Exam – Utah Date passed ____/____/____

☐ Cosmetologist/Barber Theory Exam – NIC Date passed ____/____/____

☐ Other State Exam, Name: _____ Date passed ____/____/____

LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held. You must submit the Request for Verification of License form found in this application for one of the states listed below. *(Use additional sheets if necessary.)*

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

COSMETOLOGIST/BARBER

QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. _____ Have you ever been terminated from a position because of drug use or abuse?
11. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Continued on the following page.)

12. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. _____ Do you currently have any criminal action pending?
14. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date Signed: ____/____/____

Printed Name of Applicant: _____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Phone: (801) 530-6628
FAX: (801) 530-6511

VERIFICATION OF GRADUATION

TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE COSMETOLOGY/BARBER SCHOOL:

Name of Student: _____

Telephone: _____

Name of School: _____

Telephone: _____

Address of School: _____

Date of Enrollment: ____/____/____
Month-Day-Year

Date of Graduation: ____/____/____
Month-Day-Year

Total Hours Completed: _____

I declare that the above named individual has fulfilled the requirements for graduation as a cosmetologist/barber pursuant to Utah law. I further declare under penalty of perjury that the information contained on this form is truthful, correct, and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with DOPL or the licensing board or any contracted examination agency through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission.

Name of School Official (*Please Print*): _____

Signature of School Official: _____

Date of Signature: ____/____/____

NOTE: The original copy of this form must be submitted with the application for licensure.

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Phone: (801) 530-6628
FAX: (801) 530-6511

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to the state that is verifying information for you. Request that the verifying state complete the form and return it to you for submission with your application. If a verifying state insists on submitting the verification directly to DOPL, indicate that fact in the appropriate section of the application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the state of Utah as a _____ Cosmetologist/Barber

I am/have been licensed in your state under the name _____

My social security number is _____

My date of birth is ____/____/____

My license number in your state is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

(Continued on the next page.)

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to DOPL or place the completed form in a sealed envelope, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (*as it appears in verifying state's records*): _____

Classification of License Issued: _____

License Number: _____ Current Status: _____

Original Date of Licensure: ____/____/____ Expiration Date: ____/____/____

Continuously Licensed:

☐ Yes ☐ No, please explain: _____

Licensed By:

☐ Exam, Type: _____ Date: ____/____/____

☐ Endorsement, from what state? _____

_____ Waiver: _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

☐ No ☐ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____ Title: _____

Agency: _____

Date: ____/____/____

(SEAL)

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Phone: (801) 530-6628
FAX: (801) 530-6511

VERIFICATION OF WORK EXPERIENCE

TO BE COMPLETED BY EMPLOYER(S): *(Make additional copies as needed.)*

Name of Applicant: _____

Name of Employer: _____

Business Name: _____

Business Telephone: _____

Address of Business: _____

Date Employment Began: ____/____/____
Month-Day-Year

Date Employment Ended: ____/____/____
Month-Day-Year

Hours Worked Per Week: _____ Total Hours Completed: _____

Nature of Applicant's Duties: _____

Was applicant's performance satisfactory?

☐ Yes

☐ No, please explain: _____

Signature of Employer: _____

Date of Signature: ____/____/____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Phone: (801) 530-6628
FAX: (801) 530-6511

COMPLETION OF APPRENTICE PROGRAM

TO BE COMPLETED BY THE INSTRUCTOR:

Name of Apprentice: _____

Name of Instructor: _____

Instructor's License Number: _____

(Submit a copy of your supervisor's instructor license.)

Business Name: _____

Business Telephone: _____

Address of Business: _____

Date Program Began: ____/____/____
Month-Day-Year

Date Program Completed: ____/____/____
Month-Day-Year

Total Hours Completed: _____

I declare under penalty of perjury that the information contained on this form is truthful, correct and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with DOPL or the licensing board through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission.

Signature of Instructor: _____

Date of Signature: ____/____/____

NOTE: The original copy of this form with your apprentice log must be submitted with the application for licensure.